Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: RCHEM -U/C 2008 Rate SERFF Tr Num: UNUM-125885338 State: ArkansasLH

Increase

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 40787

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: State Status: Approved-Closed

Only

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor

Allen, Tonia Garbutt

Authors: Cathy Brooks, Donna Disposition Date: 11/10/2008 Mazloom, Angela Mctier, Lauren

Sease, Annette Smith, Melissa

Date Submitted: 11/05/2008 Disposition Status: Approved-

Closed

Implementation Date Requested: 07/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: RCHEM -U/C 2008 Rate Increase Status of Filing in Domicile: Pending

Project Number: RCHEM -U/C 2008 Rate Increase

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Enclosed for your review and approval are revised rates for the above captioned rider form reflecting a rate increase of 100%. This individual cancer rider was approved by your department on 04/03/1997 with policy form CRPLUS-AR(96), et al.

Upon approval of the revised rates, each policyholder will receive notice at least 60 days prior to the policy anniversary date.

Company and Contact

Filing Contact Information

Tonia Garbutt, Consultant tbgarbutt@coloniallife.com
PO Box 1365 (803) 213-7494 [Phone]
Columbia, SC 29202 (803) 750-7341[FAX]

Filing Company Information

Colonial Life & Accident Insurance Company CoCode: 62049 State of Domicile: South Carolina

1200 Colonial Life Boulevard Group Code: 565 Company Type:

Post Office Box 1365

Columbia, SC 29202 Group Name: State ID Number:

(803) 798-7000 ext. [Phone] FEIN Number: 57-0144607

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Colonial Life & Accident Insurance Company \$50.00 11/05/2008 23724657

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved- Rosalind Minor 11/10/2008 11/10/2008

Closed

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Rosalind Minor 11/06/2008 11/06/2008 Tonia Garbutt 11/10/2008 11/10/2008

Industry Response

 SERFF Tracking Number:
 UNUM-125885338
 State:
 Arkansas

 Filing Company:
 Colonial Life & Accident Insurance Company
 State Tracking Number:
 40787

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Disposition

Disposition Date: 11/10/2008

Implementation Date:
Status: Approved-Closed

Comment: We have approved a 50% rate increase for the RCHEM-UC rider. The approval is subject to the following conditions:

- 1. Rate increase will not be given prior to the first annual anniversary date of the policy.
- 2. Rate increases will not be given more than once during a twelve month period.
- 3. All rate increases, other than a change in age or a change in zip code factor, are to be submitted to our Department for approval.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
			Program:				
Colonial Life & Accident Insurance Company	100.000%	\$4,559	16	\$4,559	%	%	100.000%

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Submission Letter		Yes
Supporting Document	Disapproval Response Letter		Yes
Rate (revised)	Actuarial Memorandum		No
Rate	Actuarial Memorandum		Yes

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/06/2008 Submitted Date 11/06/2008

Respond By Date Dear Tonia Garbutt,

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Memorandum (Rate)

Comment: Based on the last three years calendar experience, we will only consider a 50% rate increase.

If you wish to accept the 50% increase, please send an updated actuarial memo and rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/10/2008 Submitted Date 11/10/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Please note that the attached Actuarial Memorandum has been revised to reflect a 50% rate increase.

If you have any questions or additional information is required, please let me know.

Thank you.

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Tonia B. Garbutt

Compliance Contract Consultant

Related Objection 1

Applies To:

Actuarial Memorandum (Rate)

Comment:

Based on the last three years calendar experience, we will only consider a 50% rate increase.

If you wish to accept the 50% increase, please send an updated actuarial memo and rates.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Disapproval Response Letter

Comment: See attached.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Actuarial RCHEM-U/C-R-AR(96) New Previous State Filing Number

Memorandum

Percent Rate Change Request

0

Previous Version

Actuarial RCHEM-U/C-R-AR(96) New Previous State Filing Number

Memorandum

Percent Rate Change Request

0

Sincerely,

Angela Mctier, Annette Smith, Cathy Brooks, Donna Mazloom, Lauren Sease, Melissa Allen, Tonia Garbutt

SERFF Tracking Number: UNUM-125885338 State: Arkansas

Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40787

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 100.000%

Effective Date of Last Rate Revision: 04/12/2001

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Colonial Life & Accident	100.000%	100.000%	\$4,559	16	\$4,559	%	%

Insurance Company

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Supporting Document Schedules

Review Status:

Satisfied -Name: Submission Letter 11/05/2008

Comments: See attached. Attachment:

Submission Letter.pdf

Review Status:

Satisfied -Name: Disapproval Response Letter 11/10/2008

Comments:See attached. **Attachment:**

Cover Letter CRP-AR 11-10-2008[1].pdf



Colonial Life & Accident Insurance Company

1200 Colonial Life Boulevard Columbia, SC 29210 803.798.7000 coloniallife.com

November 5, 2008

Julie Benafield Bowman Commissioner of Insurance Arkansas Insurance Department Life & Health division 1200 W 3rd St Little Rock, AR 72201-1904

RE: NAIC#/Group: 62049 / 0565

Insurer: Colonial Life & Accident Insurance Company

Filing Type: Rate Increase

Form(s): RCHEM-U/C-R-AR(96)

Dear Commissioner Bowman:

Enclosed for your review and approval are revised rates for the above captioned rider form reflecting a rate increase of 100%. This individual cancer rider was approved by your department on 04/03/1997 with policy form CRPLUS-AR(96), et al.

Upon approval of the revised rates, each policyholder will receive notice at least 60 days prior to the policy anniversary date.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 7494. My email address is tbgarbutt@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

Tonia B. Garbutt

Compliance Contract Consultant



November 10, 2008

Ms. Rosalind Minor Arkansas Department of Insurance

RE: Colonial Life & Accident Insurance Company

E HL.

State Tracking Number: 40787

SERFF Tracking Number: UNUM-125885338

Form RCHEM-U/C-R(96)

Dear Ms. Minor:

This letter is in reference to your letter dated November 6, 2008 to Tonia Garbutt in regard to the aforementioned policy form.

Attached please find a revised actuarial memorandum and revised rates reflecting your request that the 100% rate increase by reduced to 50%.

Please feel free to contact me if you have any questions or require any additional information.

Sincerely,

Daniel E. Paffumi Actuarial Assistant

(800) 845-7330, ext. 5489

dpaffumi@unum.com

SERFF Tracking Number: UNUM-125885338 State: Arkansas

Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40787

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: RCHEM -U/C 2008 Rate Increase

Project Name/Number: RCHEM -U/C 2008 Rate Increase/RCHEM -U/C 2008 Rate Increase

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:

Schedule

Document Name

Replaced Date

Attach

Document

No original date

Rate and Rule

Actuarial Memorandum

CRP-AR

pdf[1].pdf

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

ACTUARIAL MEMORANDUM

FOR

RIDER FORM RCHEM-U/C-R -AR(96)

Statement of Purpose

The purpose of this filing is to request an average rate increase of 100% on policy form RCHEM-U/C-R-AR(96), and to demonstrate that the anticipated loss ratio of these forms meets the minimum requirement of Arkansas. This filing is not to be used for any other purposes.

Description of Benefits

This rider provides radiation and chemotherapy benefits in addition to the policy to which it is attached. Benefits are provided for cancer first diagnosed while the rider is in force and after a thirty-day waiting period.

- 1) Radiation and Chemotherapy: Actual charges, but not more than the usual and customary charge, incurred in excess of the maximum daily amount paid under the policy to which this rider is attached for teleradiotherapy, interstitial or intracavitary application of radium or radioisotopes, or cancericidal chemical substances and their administration. Administration of chemotherapy not requiring direct administration by medical personnel in a doctors office, clinic or hospital will be limited to the cost of the drugs only. Does not include laboratory tests, diagnostic X-rays or pre-planning procedures or other procedures related to these treatments not mentioned above. If no amount is charged we will pay \$100 per day in addition to any payments provided by the policy to which this rider is attached. No lifetime limit.
- 2) Anti-Nausea Medication: Actual charges incurred up to \$100 per day for anti-nausea medication prescribed as a result of procedures in # 1 above. If no amount is charged we will pay \$100 per day in addition to any payments provided by the policy to which this rider is attached. No lifetime limit.

Please note that for radiation and chemotherapy, the forms provide actual charges for much of the treatment. The inflationary aspect of this benefit is the primary reason the rate increase is needed.

Dependent's Coverage for Family Policies

Dependent, unmarried children under age 25. Spouse if a two-parent family policy.

Renewability

Guaranteed renewable for life.

Issue Availability

This form is a closed block of business. There may be some exceptions due to contractual obligations requiring us to offer this product for a limited period.

Rate Increase History

In 4/2001, we requested and were approved a rate increase of 100%.

Gross Premium

The proposed annual and monthly gross premiums are shown in the enclosed rate sheet. Current approved premiums are also included. The monthly premiums include modal loadings, as the majority of our business is monthly. Monthly premiums are one-eleventh of annual premiums.

The average nationwide annualized premium per rider is:

Before Rate Increase	After Rate Increase
\$516.34	\$1,032.67

This rider is sold with the policy forms CRPLUS (96) and CRPLUSPP (96). The average nationwide annualized premium on the base policy is shown below as well as the total policy premium before and after the proposed rate increase on the rider. The rate increase would increase the total policy premium by 57.9%.

Base	Before Rate Increase \$375.26	After Rate Increase
Base + Rider	\$891.60	\$1,407.93

Experience

An analysis of actual to expected experience and of the lifetime anticipated loss ratio indicates the need for a rate increase for this policy. The rate increase was determined so that both the lifetime loss ratio and the future anticipated loss ratio will be in excess of the minimum required loss ratio.

Attachment 1 shows nationwide historical experience and a projection of future experience with and without the requested rate increase. The incurred claims were calculated as of 12/31/2007. The earned premiums include modal loadings.

Attachment 2 includes a summary of nationwide policies as of 12/31/2007. There are approximately 16 riders in Arkansas.

Attachment 3 shows nationwide actual to expected durational loss ratios.

Attachment 4 shows the claims experience for Arkansas.

The requested rate increase is due to the inflationary aspect of the unlimited radiation and chemotherapy benefit. The average incurred amount per claim, by year of incurral, is shown below. Based on this information, this benefit has increased approximately 13.6% per year since 1995.

	Rad/Chemo
Loss Year	Average Incurred
1997	21,670
1998	31,667
1999	21,044
2000	21,175
2001	27,300
2002	32,500
2003	30,328
2004	31,274
2005	28,089
2006	37,748
2007	77,685

Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state, and the premiums are reasonable in relation to the benefits provided.

Anita M. Recchio, ASA, MAAA Associate Actuary

Onto M Recchie

October 20, 2008

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY COLUMBIA, SOUTH CAROLINA

ARKANSAS RIDER FORM RCHEM-U/C-R-AR (96)

ANNUAL PREMIUMS
WITH
100%
RATE INCREASE

	INDIVIDUAL		ONE-	ONE-PARENT FAMILY			TWO-PARENT FAMILY		
	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4
RIDER	506.00	446.60	334.40	550.00	488.40	365.20	836.00	739.20	552.20

MONTHLY PREMIUMS WITH 100%

RATE INCREASE

	INDIVIDUAL		ONE-PARENT FAMILY			TWO-PARENT FAMILY			
	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4
RIDER	46.00	40.60	30.40	50.00	44.40	33.20	76.00	67.20	50.20

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY COLUMBIA, SOUTH CAROLINA

ARKANSAS RIDER FORM RCHEM-U/C-R-AR (96)

ANNUAL PREMIUMS
PRIOR
TO
RATE INCREASE

INDIVIDUAL			ONE-	ONE-PARENT FAMILY			TWO-PARENT FAMILY		
	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4
RIDER	253.00	223.30	167.20	275.00	244.20	182.60	418.00	369.60	276.10

MONTHLY PREMIUMS PRIOR TO RATE INCREASE

	INDIVIDUAL		ONE-I	ONE-PARENT FAMILY			TWO-PARENT FAMILY		
	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4	Level 2	Level 3	Level 4
RIDER	23.00	20.30	15.20	25.00	22.20	16.60	38.00	33.60	25.10

Cancer Response Plus Rider Rate Increase Analysis Policy Form RCHEM-U/C-R (96)

With 0.00% **Rate Increase** Discount rate 5% <u>Premium</u> Incurred Incurred Year **Earned** Loss Ratio 1996 99 0 0.0% 1997 80,523 17.1% 13,798 1998 508,194 1,135,645 223.5% 1999 107.4% 832,748 894,018 2000 927,113 661,214 71.3% 2001 707,728 1,300,432 183.7% 2002 777,087 1,145,132 147.4% 2003 813,671 750,694 92.3% 2004 891,943 68.5% 611,212 2005 13.5% 819,179 110,338 2006 935,099 570,063 61.0% 2007 902,003 982,286 108.9% 2008 817,693 942,999 115.3% 2009 746,236 909,966 121.9% 2010 679,216 873,640 128.6% 2011 623,743 843,987 135.3% 2012 580,026 142.1% 824,017 2013 539,373 803,035 148.9% 2014 501,569 155.7% 780,909 2015 466,415 757,909 162.5% 2016 433,725 734,438 169.3% 2017 403,326 710,865 176.3% 2018 375,057 183.3% 687,375 2019 348,770 190.4% 664,078 2020 324,326 640,747 197.6% 2021 301,594 616,557 204.4% 2022 210.8% 280,456 591,162 2023 260,799 565,185 216.7% 2024 242,520 538,807 222.2% 2025 225,522 512,519 227.3% 2026 209,716 487,503 232.5% 2027 195,017 464,775 238.3% 2028 244.7% 181,349 443,684 2029 168,638 421,484 249.9% 2030 156,819 397,675 253.6% **Accumulated Value of Past** 10,203,363 10,562,241 103.5% **Present Value of Future** 6,133,797 156.7% 9,610,267 Lifetime Value 16,337,160 20,172,508 123.5%

Assumptions: No claim trend.

Cancer Response Plus Rider Rate Increase Analysis Policy Form RCHEM-U/C-R (96)

-	With	100.00%	Rate Increase
Discount rate 5%			
	Premium	Incurred	Incurred
<u>Year</u>	Earned		Loss Ratio
1996	99	0	0.0%
1997	80,523	13,798	17.1%
1998	508,194	1,135,645	223.5%
1999	832,748	894,018	107.4%
2000	927,113	661,214	71.3%
2001	707,728	1,300,432	183.7%
2002	777,087	1,145,132	147.4%
2003	813,671	750,694	92.3%
2004	891,943	611,212	68.5%
2005	819,179	110,338	13.5%
2006	935,099	570,063	61.0%
2007	902,003	982,286	108.9%
2008	817,693	942,999	115.3%
2009	1,119,355	909,966	81.3%
2010	1,358,432	873,640	64.3%
2011	1,247,486	843,987	67.7%
2012	1,160,052	824,017	71.0%
2013	1,078,746	803,035	74.4%
2014	1,003,138	780,909	77.8%
2015	932,830	757,909	81.2%
2016	867,450	734,438	84.7%
2017	806,652	710,865	88.1%
2018	750,115	687,375	91.6%
2019	697,540	664,078	95.2%
2020	648,651	640,747	98.8%
2021	603,188	616,557	102.2%
2022	560,912	591,162	105.4%
2023	521,598	565,185	108.4%
2024	485,041	538,807	111.1%
2025	451,045	512,519	113.6%
2026	419,432	487,503	116.2%
2027	390,035	464,775	119.2%
2028	362,698	443,684	122.3%
2029	337,277	421,484	125.0%
2030	313,638	397,675	126.8%
Accumulated Value of Past	10,203,363	10,562,241	103.5%
Present Value of Future	11,150,410	9,610,267	86.2%
Lifetime Value	21,353,772	20,172,508	94.5%

Assumptions: No anti-selection assumed. No shock lapse assumed. No claim trend.

POLICY FORM RCHEM-U/C-R (96)

Number of Policies Inforce Nationwide As of 12/31/2007

	Level 2	Level 3	Level 4	Total
Individual	261	262	286	809
One-parent	51	38	42	131
Two-parent	256	271	222	749
Total	568	571	550	1,689

Average Nationwide Monthly Premium Before Rate Increase

	Level 2	Level 3	Level 4	Total
Individual	39.14	34.97	26.44	33.30
One-parent	36.80	35.73	29.46	34.14
Two-parent	61.64	57.62	44.44	55.09
Total	49.07	45.77	33.93	43.03

Amount of Average Monthly Rate Increase by Level and Coverage Type

	Level 2	Level 3	Level 4	Total
Individual	39.14	34.97	26.44	33.30
One-parent	36.80	35.73	29.46	34.14
Two-parent	61.64	57.62	44.44	55.09
Total	49.07	45.77	33.93	43.03
Percent Increase	100%	100%	100%	100%

Incurred Claims by Policy Year Duration

	Policy Duration												
Year	1	2	3	4	5	6	7	8	9	10	11	12	Total
1996	1	4	3	4	3	U	,	0	,	10	11	12	Totai
	12.005		-	-	-	-	-	-	-	-	-		12.005
1997	13,995	-	-	-	-	-	-	-	-	-	-	-	13,995
1998	1,151,887	13,204	-	-	-	-	-	-	-	-	-	-	1,165,091
1999	823,398	70,621	-	-	-	-	-	-	-	-	-	-	894,018
2000	369,308	182,696	109,210	-	-	-	-	-	-	-	-	-	661,214
2001	-	948,394	277,613	74,425	-	-	-	-	-	-	-	-	1,300,432
2002	-	-	793,440	134,456	206,532	10,704	-	-	-	-	-	-	1,145,132
2003	-	-	-	454,005	140,029	156,661	-	-	-	-	-	-	750,694
2004	_	_	_	-	68,622	299,453	211,013	32,125	_	_	_	-	611,212
2005	_	_	-	_	-	34,604	46,249	29,484	_	_	_	_	110,338
2006	_		_	_	_	-	367,458	160,665	41,940	_	_	_	570,063
2007	=	_	_		-	-	J07, 1 J0	103,001	787,213	92,072	-	_	982,286
2007	-	-	-	-	-	-	-	103,001	/6/,213	92,072	-	-	962,260
Total	2,358,588	1,214,915	1,180,263	662,886	415,182	501,422	624,720	325,274	829,153	92,072	-	-	8,204,475
				Earned Pi	remium by	Policy Yes	ar Duratio	n					
	Policy												
X 7	Duration	•	2		-		-		0	10		12	T 4 1
Year	1	2	3	4	5	6	7	8	9	10	11	12	Total
1996	99	-	-	-	-	-	-	-	-	-	-	-	99
1997	43,160	99	-	-	-	-	-	-	-	-	-	-	43,259
1998	285,839	43,113	99	-	-	-	-	-	-	-	-	-	329,051
1999	506,243	283,617	42,844	44	-	-	-	-	-	-	-	-	832,748
2000	233,684	417,318	239,700	36,368	44	-	-	-	-	-	-	-	927,113
2001	8,318	171,294	314,912	183,073	30,120	11	-	-	-	-	-	-	707,728
2002	725	9,872	191,118	340,664	201,266	33,429	14	_	_	_	_	-	777,087
2003	314	761	11,117	184,410	365,210	215,622	36,223	13	_	_	_	_	813,671
2004	82	110	809	11,478	197,409	409,037	232,833	40,168	17	_	_		891,943
	- 62									10	-	-	
2005		72	73	555	11,663	172,574	378,475	217,467	38,282	18	- 22	-	819,179
2006	-	-	-	-	792	12,983	187,346	431,502	253,480	48,973	23	-	935,099
2007	-	-	-	-	-	875	11,325	180,923	417,997	244,580	46,280	23	902,003
Total	1,078,464	926,255	800,670	756,593	806,505	844,530	846,216	870,074	709,777	293,571	46,303	23	7,978,980
			I	ncurred Lo	oss Ratios l	y Policy Y	ear Durati	ion					
	Policy												
	Duration												
Year	1	2	3	4	5	6	7	8	9	10	11	12	Total
1996	0.00%												0.00%
1997	32.43%	0.00%											32.35%
1998	402.98%	30.63%	0.00%										354.08%
1999	162.65%	24.90%	0.00%	0.00%									107.36%
		43.78%		0.00%	0.00%								
2000	158.04%		45.56%			0.000/							71.32%
2001	0.00%	553.66%	88.16%	40.65%	0.00%	0.00%	0.000/						183.75%
2002	0.00%	0.00%	415.16%	39.47%	102.62%	32.02%	0.00%						147.36%
2003	0.00%	0.00%	0.00%	246.19%	38.34%	72.66%	0.00%	0.00%					92.26%
2004	0.00%	0.00%	0.00%	0.00%	34.76%	73.21%	90.63%	79.98%	0.00%				68.53%
2005		0.00%	0.00%	0.00%	0.00%	20.05%	12.22%	13.56%	0.00%	0.00%			13.47%
2006					0.00%	0.00%	196.14%	37.23%	16.55%	0.00%	0.00%		60.96%
2007						0.00%	0.00%	56.93%	188.33%	37.65%	0.00%	0.00%	108.90%
Total	218.70%	131.16%	147.41%	87.61%	51.48%	59.37%	73.83%	37.38%	116.82%	31.36%	0.00%	0.00%	102.83%
			Actua	ıl to Expec	ted Duratio	onal Loss I	Ratio Com _j	parison					
	Policy Duration												
	1	2	3	4	5	6	7	8	9	10	11	12	Avg
Actual Durational Loss Ratio	219%	131%	147%	88%	51%	59%	74%	37%	117%	31%	0%	0%	103%
Expected Durational Loss Ratio	41%	43%	47%	51%	54%	58%	63%	66%	70%	75%	80%	85%	55%
Actual to Expected Ratio	533%	305%	314%	172%	95%	102%	117%	57%	167%	42%	0%	0%	187%

ARKANSAS EXPERIENCE FOR POLICY FORMS RCHEM-U/C-R-AR

Loss	Earned	Cash	Paid	Liability for	Incurred	
<u>Yr</u>	<u>Premium</u>	<u>Premium</u>	<u>Claims</u>	Claims Not Paid	<u>Claims</u>	Loss Ratio
1997	170	258	0	0	0	0.0%
1998	7,078	6,499	0	0	0	0.0%
1999	10,607	10,563	58,784	2,322	61,106	576.1%
2000	8,949	9,156	0	0	0	0.0%
2001	6,579	6,707	0	0	0	0.0%
2002	6,347	6,328	0	0	0	0.0%
2003	8,775	8,636	110,290	25,092	135,383	1542.9%
2004	7,313	7,696	61,090	20,006	81,096	1109.0%
2005	6,574	6,437	0	0	0	0.0%
2006	5,281	5,271	0	0	0	0.0%
2007	4,818	4,834	0	0	0	0.0%